

Agenda Item	<b>6</b>
Report No	<b>HSW/01/23</b>

## HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 9 February 2023

**Report Title:** Service and Partnership Reviews and Evaluations

**Report By:** Executive Chief Officer Health and Social Care

### **1. Purpose/Executive Summary**

- 1.1 This report provides members with an update on the range of service and partnership reviews and evaluations undertaken in the last year which underscore the improvement activity being undertaken by the Health and Social Care service and our partners.
- 1.2 The report also outlines the decisions and key actions that will ensure that the requirements, recommendations and improvements outlined within the evaluations will be delivered.
- 1.3 A performance improvement framework is being collated to ensure that outcomes are clearly identified and assessed. This will be brought to Committee to ensure scrutiny of practice is undertaken.

### **2. Recommendations**

- 2.1 Members are invited to note and comment on the key findings and recommendations of the evaluations undertaken and;
- 2.2 Note and comment on the key decisions and actions taken to improve outcomes for children, young people and families outlined within the report.

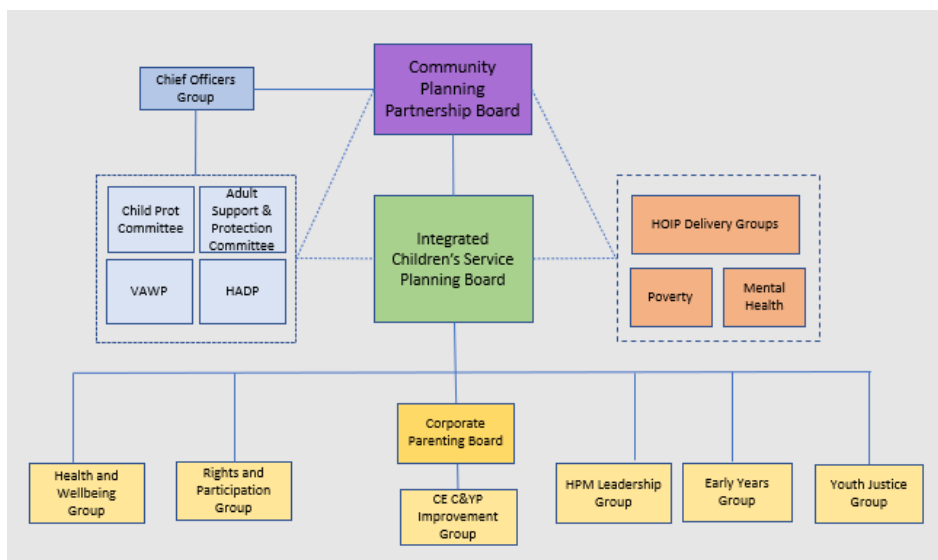
### **3. Implications**

- 3.1 Resource – The plans developed consider the resources associated with the service to achieve the outcomes.
- 3.2 Legal –The plans have a focus on meeting the requirements of the United Nations Convention on the Rights of the Child. The plans include the need to meet statutory requirements for public reporting.

- 3.3 Community (Equality, Poverty, Rural and Island) – An assessment has been carried out on the strategic priorities contained within the plans for equality, rural and socio-economic impacts.
- 3.4 Climate Change / Carbon Clever – Not applicable
- 3.5 Risk – Risks identified in the plans outlined are recorded in the Risk Register and will be monitored quarterly and changes reported to future Committee meetings.
- 3.6 Gaelic – Not applicable

#### 4. Background

- 4.1 This report provides members with an update on the range of service and partnership reviews and evaluations undertaken in the last year which underscore the improvement activity being undertaken by the Health and Social Care Service and our partners.
- 4.2 The report also outlines the decisions and key actions that will ensure that the requirements, recommendations and improvements outlined within the evaluations will be delivered.
- 4.3 The report highlights a wide range of improvement priorities being undertaken to meet the recommendations of the evaluations and reports. These priorities are delegated to a range of service and partnership groups referenced within this report. The planning and governance landscape is outlined as below;



- 4.4 The Health, Social Care and Wellbeing Committee has a critical role in supporting the service and partnership in achieving the recommendations of the evaluations and reports. Future reports to committee will provide regular updates for comment and scrutiny. The key priorities within the current service plan will support the necessary improvements required to address the findings detailed below.

## **5. Joint inspection of Services for Children and Young People at Risk of Harm in Highland**

5.1 On 15 December 2022 the Care Inspectorate published a report of a joint inspection of services for children and young people at risk of harm in Highland.

5.2 The joint inspection of services for children and young people at risk of harm in the Highland community planning partnership area took place between 25 April 2022 and 26 September 2022. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families. In undertaking this inspection, the Care Inspectorate:

- Listened to the views and experiences of 52 children and young people through face-to-face meetings, telephone or video calls and survey responses.
- Listened to the views of 120 parents and carers through face-to-face meetings, telephone or video calls and survey responses.
- Reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- Reviewed a wide range of documents and a position statement provided by the partnership.
- Carried out a staff survey and received 727 responses from staff working in a range of services.
- Met with approximately 175 staff who work directly with children, young people and families. This included focus groups and networks of support.

5.3 The aim of the inspection was to provide assurance on the extent to which services, working together, can demonstrate that:

- Children and young people are safer because risks have been identified early and responded to effectively.
- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
- Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

5.4 The report highlighted a number of key strengths for the partnership. They recognised that staff responded promptly and effectively when concerns were raised about children and young people. They acknowledged that this response continued during the period of the pandemic despite significant associated restrictions.

- 5.5 They also identified that information sharing and collaborative decision making were effective at keeping children and young people safe when concerns were first raised.
- 5.6 The report also acknowledged that the partnership had some areas for improvement. The inspection team considered that immediate responses to concerns, and key processes were more effective for younger children than they were for older young people.
- 5.7 They considered that although there were clear governance and reporting frameworks in place, senior leaders across the partnership were not always effectively communicating their vision, values and aims to frontline staff who felt their concerns about service delivery were not consistently being heard.
- 5.8 The inspection team felt that a lack of early intervention and mental health and wellbeing resources was having a significant impact on children and young people at risk of harm, as well as on the capacity of frontline staff to meet their needs.
- 5.9 They also considered that partnership's ability to demonstrate the difference services were collectively making to the lives of children and young people was restricted because the partnership was not always systematically analysing and evaluating its data and were not maximising opportunities to collate qualitative data.
- 5.10 The report concluded that;
- “Chief officers in Highland recognise their critical leadership role and have given their commitment to taking forward improvements in the areas identified in this report. Their work needs to be supported by a shared approach to decision-making, commissioning and budgeting arrangements. To achieve success, staff from across the range of organisations, including third sector partners, need to be fully engaged in the improvement journey and confident that their voice is heard and their contribution understood. There should be effective mechanisms in place to hear the voices of children and young people, particularly the voices of those at risk of harm, and use them to shape practice and inform strategic planning. Governance and reporting frameworks should be strengthened by embedding the recently developed quality assurance strategy and audit cycles and by more effective collection and use of outcomes-based data”.
- 5.11 Prior to the announcement and throughout the period of this inspection a partnership group met regularly to work collaboratively on a plan to improve outcomes for children and young people at risk of harm. This group includes partners from the Highland Council, NHS Highland, the third sector, Police Scotland and the Highland Child Protection Committee (CPC). This plan has been updated in light of the inspection findings and final sign off for the plan will be agreed at a child Protection Committee event on the 31<sup>st</sup> January 2023.
- 5.12 Key priorities and actions which relate to the inspection findings are;  
The Inspection team found that Highland's responses to younger children was more effective than those who were older and this is an area for improvement. Improvement activity is being undertaken within the sub-committee structure of the Child Protection Committee relating to youth justice, drugs and alcohol and exploitation and mental health Improvement group.

- 5.13 Within the Public Protection Chief Officer Group, a Transitions Group is being developed to ensure clear links and pathways for young people aged 16+ at risk of harm. This is linked to national work in relation to Transitions in developing good practice guidance with appropriate training for practitioners in both children and adult services.
- 5.14 Care and Risk Management (CARM) processes identify and support those young people who present a serious risk to others. Highland have updated their CARM procedures to ensure a focus on both care and risk management, ensuring a trauma informed response for young people.
- 5.15 Through a Scottish Government pilot programme, Highland CPC has been working with the NSPCC to conduct a multi-agency Harmful Sexual Behaviour self-evaluation exercise. This will establish strengths and weaknesses in this area across the Partnership. The NSPCC will work with Highland to develop an action plan which will include learning and development activity in relation to CARM. This work will be completed in February 2023, with a view to assessing the impact in 2024.
- 5.16 The Inspection highlighted issues regarding the confident application of GIRFEC principles and language across the partnership. Following the publication of national guidance in relation to Child Protection and GIRFEC, the partnership are working to develop a single set of procedures which highlight the continuum of need and risk from wellbeing needs through to children at risk of harm. This will ensure a common shared language, principles and processes for all partners. In line with the Scottish Government timescales for implementation of the national Child Protection Guidance, these procedures will be fully embedded by September 2023, accompanied by a roll out of learning and development opportunities for practitioners, managers and senior leaders. Quality Assurance processes will be built into the new procedures embedding a culture of self-evaluation, scrutiny and improvement practice across agencies and at every level within services.
- 5.17 Through the Child Protection Committee (CPC) an Interagency Referral Discussion (IRD) Group have been working on local procedures in line with the new National Child Protection Guidance. This will include IRDs for unborn babies, young people aged 16 and 17 years, and those who experience cumulative harm and ensure clear recording of IRDs across the Partnership. In addition, Education and Learning staff will be involved in the IRD process and nationally, a training programme is being established.
- 5.18 The views of children, young people and families are crucial in assessment and planning processes, and these should be clearly recorded within the Child's Plan. The Inspectors found good examples of where this was the case. The Care Inspectorate also acknowledged the audit work that had been undertaken in relation to this through the Quality Assurance and Reviewing Officers Team. Training in relation to the views of children and young people has taken place, resources have been developed to support practitioners in communicating with our youngest children and ongoing work in relation to language is being led by our Promise Programme Manager.
- 5.19 Advocacy provision is an issue which the partnership will need to continue to address. Currently advocacy is available for care experienced young people through Who Cares? Scotland but we acknowledge that there is work to be undertaken into

provision of wider advocacy support for children and young people involved in child protection processes.

- 5.20 Whilst there were a number of examples of children and young people's views being considered in service planning, it was highlighted that there is no overarching participation framework to ensure this is consistent. This work is being progressed through the Integrated Children's Services Planning Board (ICSPB), led by a representative from the third sector.
- 5.21 The Care Inspectorate acknowledged the amount of data that is collated but noted that the analysis of this data should be used more effectively to influence service planning and measure outcomes for children and young people. Highland Council has employed a Business Intelligence Officer to support this work, and ongoing work within the Integrated Children's Service Board aims to bring together partnership data to inform a strategic needs assessment. Highland Child Protection Committee will also be working to expand the minimum dataset in relation to children at risk of harm in line with the national minimum dataset developed by CELCIS. This will provide quantitative data but also enable the analysis of the data to help assess the impact of child protection practice on children and young people and influence wider service planning and development.
- 5.22 The Care Inspectorate recognised the ongoing positive work in relation to Interagency Referral Discussions, the Vulnerable Pregnancy Pathway and Child Exploitation but acknowledged that it was too early to evidence impact at this stage. Along with multi-agency case file audits, these themes now form part of the CPC Audit Cycle and will provide evidence of effectiveness within the next two years.
- 5.23 The Care Inspectorate also acknowledged the positive contributions made by Third Sector Partners and the strength of community and service collaboration leading to the development of Caithness Cares. Work is underway in relation to commissioning of services and strengthened partnership working with Third Sector organisations and groups will ensure more effective involvement in service development and delivery.
- 5.24 Communication between senior leaders and frontline practitioners will be strengthened through regular updates in relation to strategic work being undertaken through the CPC and ICSPB, consultation with staff and local involvement in improvement work arising from quality assurance processes. This will be underpinned by a Communications strategy to ensure clear communication across services and partnerships. Examples of this are the People Connected sessions within children's social work and 'Ask Anything' sessions within the child health service.
- 5.25 The implementation of the new Child Protection and GIRFEC procedures will be supported by roadshow presentations and discussions with staff to ensure the procedures meet their needs in terms of practice. Staff will be involved in discussions about local data, giving them opportunities to highlight key trends and issues, and encouraging collaborative improvement work between frontline practitioners and senior leaders.
- 5.26 In relation to the provision of early intervention and mental health support, the Highland Integrated Children's Service Board is leading on the development of a Mental Health Framework for Highland. The development of the framework and associate delivery plan is being informed by a Joint Strategic Needs Assessment

across the Community Planning Partnership. The framework will take account of the whole system supports available for infants, children, young people and their families with a clear articulation of the joins across the partnership of how emotional health and wellbeing can be supported within a whole system, whole family approach.

5.27 In developing this framework, it should be noted that progress has been made in the last year in progressing a delivery plan for mental health and emotional wellbeing. This includes:

- The expansion of the distress brief intervention approach for all young people in four Inverness secondary schools.
- The development of Group Intervention in schools with 3rd sector, school nursing and CAMHS.
- The refocus of the role of the Advanced Nurse (Schools) to providing targeted mental health and wellbeing support for children and young people suffering the impact of inequalities and poverty.
- The development of the Solihull Approach across the partnership. Solihull is a validated parenting programme which supports the mental health and wellbeing of parents, children, schools and older adults. Highland have driven forward the Solihull approach since June 2022 and there are now 10 local Solihull trainers in place.
- In addition, the provision of funding within schools has enabled enhancement in both school counselling and Primary Mental Health Support.

5.28 In the current Inspection process, only one indicator is given a grading – with reference to children and young people at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life

The outcome for this indicator was Adequate which indicates that strengths outweigh weaknesses. However, the Inspection team acknowledged that Highland are aware of the key areas for improvement and have ‘the necessary building blocks from which to effect improvement’.

## **6. Reflections on the Inspection Process**

6.1 It is important for members to note that through national networks Highland are aware that the Care Inspectorate are coming under increasing criticism about the proportionality of Inspection processes. Highland’s experience of this Inspection supports this view with the Partnership reflecting that the scrutiny element outweighs any supportive and collaborative working in helping areas with their improvement journey and this has been fed back to the Care Inspectorate

6.2 In supporting the partnerships quality assurance approach, it is noted that the record reading activity undertaken alongside the Care Inspectorate as integral to the inspection process was a very helpful in considering at the quality of recording,

particularly in relation to chronologies, IRDs and the views of children/families. This methodology will be adopted by the partnership to undertake case audits, reporting through the Child Protection Committee to Chief Officers, Senior Leaders and the ICSB. The staff and child/family surveys also provided a useful snapshot of views which we are keen to hear.

- 6.3 The volume of work involved in the inspection process cannot be underestimated. The impact on staff in terms of uploading information and organising and attending engagement sessions was extremely challenging. The tragic situation in Skye unfolded during the week of engagement sessions when staff and senior leaders were working hard to support local communities.

It is also important to note that the partnership has had inconsistent support from a permanent link Inspector in recent years. Our recent experience of our link inspector supporting us in developing our quality assurance processes has been invaluable. It is imperative that this support is available in moving forward with our improvement journey.

## **7. Inspection of Fostering, Adult Placement and Adoption Service**

- 7.1 On 9 December 2022, the Care Inspectorate published three reports in relation to The Highland Council's fostering, adult placement and adoption services. These were short notice inspections which took place simultaneously between 11 July 2022 and 12 September 2022.

- 7.2 Within their reports, the Care Inspectorate recognised a number of key messages. These were:

- Children and young people experienced supportive, enduring relationships with fostering families that provided them with a sense of belonging.
- There was concern as to the extent to which children and young people's safety and wellbeing may have on occasion been compromised by a failure to identify and respond to some concerns.
- The inspection team were not always able to fully assess ongoing improvements in young people's outcomes which had resulted effective and robust quality assurance processes by managers.
- The inspection team noted that caregivers valued genuine trusting relationships and they assessed that staff were skilled at supporting them.
- They saw that supervising social workers and carer training supported caregivers to adopt therapeutic approaches to caring for children helping them to feel loved and valued.

- 7.3 The inspection team identified little evidence of the views of young people in their plans and the plans we sampled did not evidence the role of staff or carers in progressing outcomes and it was not always possible for them to identify and track individual growth, progress and achievements for children and young people.



- 7.4 A detailed action plan for the service has been completed in response to the inspection requirements and recommendations and the priorities for improvement are;
- 7.5 The service will ensure a welfare assessment is undertaken for young people to make sure Continuing Care is in their best interest.
- 7.6 The service will review draft Continuing Care Procedures for the assessment, training, approval and review of Foster Carers as adult placement carers.
- 7.7 Ensure that carer families are skilled and supported to care for young adults the service will develop and access Adult Protection training to all carer households who are providing Continuing Care.
- 7.8 Implement a consistent approach to gathering and storing important life story information and provide specific training to staff and carers about how life story work should be approached.
- 7.9 Revise the current procedure for reviewing unplanned endings to ensure disruption and unplanned ending meetings are recorded and that there are clear learning and action points recorded for service improvement.
- 7.10 Evidence the support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes by recording where foster carers have supported children and young people to express their views, where they have and supported them to attend meetings and how they have helped them to understand their care planning.
- 7.11 Ensure participation, views and voice of Looked after Children in Foster Care, Children who foster, Foster Carers and Prospective Adopters are gained. This will be achieved through the development of a feedback form for Looked after Children in Foster Care to record their views about their care arrangements and planning to be included in the review process
- 7.12 To ensure that carer families are skilled and supported to care for young adults the service will develop and access Adult Protection training for all carer households who are providing Continuing Care
- 7.13 The Service has developed a detailed plan to ensure that the recommendations and requirements outlined within the report are actioned as detailed above. There are a number of themes outlined in the report which have broader implications for the Health and Social Care Service and our partners more broadly and these themes are captured in both the Service Plan and Integrated Children's Service Plan as appropriate.
- 8. Review of Residential Childcare in The Highland Council and 'Your Voice Matters'**
- 8.1 Between October 2021 and March 2022, a review of residential childcare was undertaken and a report was prepared in May 2022. Members of this committee were updated on the recommendations of this report.

- 8.2 The purpose of this review was to examine the type, amount and quality of residential childcare being used by Highland Council. This focussed mainly on Highland's own "in house" provision but some attention was given to the use of residential beds commissioned from the private and voluntary sectors; the use of out of authority residential placements; and, to a small extent, the use of throughcare and aftercare provision.
- 8.3 This review concluded that the children and young people who contributed to this review did so honestly and full-heartedly. The review found disparate views from children and young people across Highland with areas of strength and positive experiences shared, as well as areas of improvement. Whilst there were examples of young people living in the same care home sharing both positive and negative experiences, it was evident that there were certain homes where the views of young people consistently highlighted concerns.
- 8.4 The report made several recommendations from which a detailed improvement plan has been developed and actioned.
- 8.5 In developing this plan, it was clear that the voices of children and young people regarding their experience living in our children's houses had not been adequately considered and a decision was taken to undertake a review called 'Your Voice Matters'. A small working group was tasked to gather the voices of young people who have experienced residential care in Highland from the period of January 2020 until July 2022. This included the voices of children and young people who live in privately commissioned homes in Highland and those who were being supported by Highland's Aftercare provision, providing they had at some point experienced residential care in the given time-period. This was to ensure the experiences heard were in relation to current service provision and relevant to the wider review and did not set out to exclude young people who had a view they wished to share. For young people who were interested in sharing their views, regardless of the time-period they were in residential care, there was opportunity to be heard.
- A number of priorities in response to the recommendations are detailed within the Action plan with key priorities summarised below.
  - Ensuring we have a Trauma Informed Relational Philosophy of Care through the development of a Learning and Development Plan.
  - Protecting Children and Young people through Contextual Safeguarding ensuring all staff are alert to Children and Young People at at risk, missing, criminal and sexual exploitation and serious organised crime. This will involve developing a Joint Protocol with Police Scotland underpinned by shared risk assessments.
  - Develop a One Front Door approach for entrance into residential childcare. This will include enhancing Crisis Care & Intensive Family Support to ensure an intensive package of wrap around support. The original aims of No Wrong Door introduced at Arach House will be refreshed, relaunched, ensuring sustained implementation of the model.

- Championing & celebrating Children and Young People by proactively Creating memories, celebrating personal achievements through a memory book for each child in each house detailing their story and journey.
- Ensuring Rights Respecting Residential Care by implementing the Lundy Model of Participation
- Ensuring a no stigma, no shame approach by enhancing our work on compassionate, human language of care in our children's houses.
- Promoting and enhancing high quality reflective supervision amongst staff groups in our children's houses
- Ensuring that Continuing Care rights are realised and respected by ensuring rights to Continuing Care are upheld in practice, policy and planning utilising Staying Put & Staying Close Models of Continuing Care.
- Ensuring excellence through enhanced use of a Quality Assurance Framework through the introduction of an annual cycle of audit and self-evaluation focused on 'how good is our house', 'how do we know' and what do we need to do next'

## **9. Small Scale Practice Review of Children's Services**

9.1 In July 2021, the Executive Chief Officer (ECO) for Health and Social Care in Highland Council commissioned a small-scale practice review. The overarching aim of the study was to determine how well Highland Council's children's health and social work services were able to safeguard the wellbeing of children and young people, improve their outcomes and identify how services were able to measure and demonstrate this. This review concluded at the end of October 2021.

9.2 The study gathered data through three activities:

a) Documentary analysis of management information routinely collected and aggregated, and reports produced quarterly, six monthly and annually.

b) Semi-structured interviews with the Executive Chief Officer, relevant heads of service and principal officers, representatives from family teams, and projects and technology. In total, 19 were able to participate in these semi-structured interviews.

c) Discussion groups with staff from across the four areas within Highland Council and representing all children's health and social care services. Whilst the total attendance at these groups equalled 58, teams had held pre-discussion groups to help inform the bigger group.

9.3 The key findings from this review were.

9.3.1 Although participants reflected on the need to understand what difference services made to families with data being regarded as key to this. There was a plethora of data produced for a variety of different reasons, the use of this data to inform practice and service delivery was mixed. These findings are consistent with the findings of the Care inspectorate and since the publication of these findings the Health and Social Care Service has employed a Business Intelligence Officer to support this work. It

should also be noted that the ongoing work within the Integrated Children's Service Board aims to bring together partnership data to inform a strategic needs assessment for the next iteration of the integrated children's service plan 2023 - 2026.

- 9.3.2 The report noted that although there were pockets of review activity and self-evaluation in parts of the service, it was acknowledged that there was a fragmented approach to quality assurance needed to be coordinated and strengthened to assist managers in the quality assurance process. Work is underway to strengthen these processes across the service utilising a revised quality assurance framework.
- 9.3.3 With regard to staffing, having a mix of staff from a range of backgrounds with different skills, knowledge and experience was considered a strength in teams. Teams were invested in delivering high quality services in very challenging circumstances ensuring that building positive relationships with families were seen as a key value in their work. In addition to a good mix of team members was the need for stable teams working to full capacity.
- 9.3.4 The report noted that recruitment has over the past five years or more has been a challenge. However, the recruitment drive in 2020-21, added to the strategy to Grow your Own (for increasing health visitors, school nurses and social workers), was effective. The authors identified a need for a training strategy to be developed and fully embedded to enable access to training as well as opportunities for continuous learning and development. Work is currently ongoing within the service to develop a clear workforce plan and development strategy.

## **10. Conclusion**

- 10.1 It is clear from this report that the range of service and partnership reviews and evaluations undertaken in the last year has provided us with a number of priorities for improvement. It is heartening for the service that almost all the recommendations made, support what we already knew about the services we provide and gives us confidence that the improvement journey that is underway is on the right track. We will continue to achieve the aspiration of improving outcomes for children and young people and their families.
- 10.2 We recognise the role of this Committee in scrutinising practice and service outcomes. Appropriate performance indicators will be brought to Committee for scrutiny and assurance.

Designation: Executive Chief Officer Health and Social Care

Date: 23 January 2023

Author: Ian Kyle, Lead – Performance and Improvement